

Letha May Beachley

Died at <sup>Town</sup> Middle Town <sup>County</sup> Frederick MARYLAND

Date 1902 Aug 1 Age 2.8.8. Native of Md Occupation none

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of  
 Wife

Father's Name Walter E Beachley Mother's Maiden Name Mary Rudy

Cause of Death { Primary Cholera Infantum 6  
 Immediate Collapse 106  
 How long sick 5 days  
 Accident, Suicide, Homicide

Reported by E L Beachley M.D.  
 Address In Middle Town Md



Name in Full

Certificate of Death

Rachael Belle Blickenstaff

Town

County

MARYLAND

Died at

Wolfsville

Frederick

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Aug. 17

Age

1-6-29

Md

Infant

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

N. R. Blickenstaff

Mother's

Maiden Name

Ida Shuff

Cause of

Primary

105

How long sick

3 days

Death

Immediate

Cholera Infantum

Accident, Suicide, Homicide

Reported by

A. J. Smith, M.D.

Address

Wolfsville

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Rosannah Blinn

Town

County

Died at

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1912

August 20<sup>th</sup>

Age

85. 6. 5.

Unmarried

Housekeeper

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~

Number of children living

Husband

of

Maiden

Wife

Father's

Mother's

Name

Name

Cause of

Primary

General Debility

How long sick

Three months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Mr. Whitehead m r

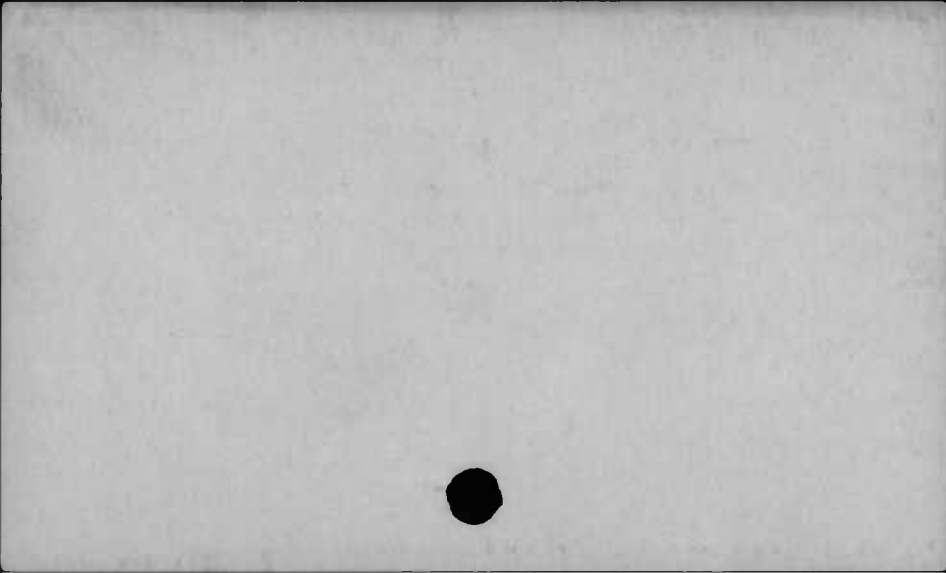
Address

Unionville

Frederick Co  
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Mary Josephine Bowman

Died at <sup>Town</sup> Emmitsburg <sup>County</sup> Frederick MARYLAND

Date 1902 August 7 | Age 58 - 11 - 2 | Native of Frederick Co. Md | Occupation Homemaker

~~Male~~ White Married ~~Widow~~ ~~Divorced~~  
 Female Colored Single Widower Number of children living Six

Husband of John Franklin Bowman

Wife  
 Father's Name Jacob Seftor Mother's Name Mary Stutler

Cause of Death { Primary Hydrops thorax  
 Immediate Heart Failure

How long sick 1 month  
 Accident, Suicide, Homicide

Reported by M. Richelberger M. B.  
 Address Emmitsburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Annie Pearl Brandenburg

Town

County

Wolfsville

Frederick

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

aug 15

Age 2-2-25

wolfsville

~~Male~~

White

~~Married~~~~Widow~~

Divorced

Female

~~Colored~~

Single

~~Widow~~

Number of children living

Husband

of

Wife

106

Father's

Name

Mother's

Maiden Name

John W. Brandenburg

Ada

Harshman

Cause of

Primary

Cholera Infantum

How long sick

1 day

Death

Immediate

Spasms

Accident, Suicide, Homicide

Reported by

A. J. Smith, M.D.

Address

Wolfsville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Harriet Ann Brooks

Town

County

Died at

Frederick

Frederick

MARYLAND

Date 1902 8 25 | Age 69 11 14 | Native of Md | Occupation —  
~~Male~~ White Married ~~Widow~~ Divorced —  
 Female Colored Single ~~Widow~~ Number of children living 0

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

David H. Brooks 41

George Rice

Maiden Name

Harriet Tress

Primary Carcinoma (abdominal) secondary

How long sick

Immediate Heart Failure

Accident, Suicide, Homicide

Dr. Wm. Crawford Johnson

Frederick Md. 41

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

02  
32.8.25  
5/11/14



Name in Full

Certificate of Death

Sarah Brown

Died at <sup>Town</sup> Frederick <sup>County</sup> Frederick MARYLAND

Date 1902 <sup>Month</sup> 8 - <sup>Day</sup> 7 <sup>Y.</sup> 55 <sup>M.</sup> - <sup>D.</sup> - <sup>Native of</sup> Frederick <sup>Occupation</sup>

~~Male~~ <sup>Female</sup> ~~White~~ <sup>Colored</sup> ~~Married~~ <sup>Single</sup> ~~Widow~~ <sup>Widower</sup> ~~Divorced~~ <sup>Number of children living</sup>

~~Husband~~ <sup>Wife</sup> of Ruben Brown

Father's Name <sup>Mother's</sup> <sup>Maiden Name</sup>

Cause of Death { Primary Immediate <sup>64</sup> <sup>Apoplexy</sup> How long sick Accident, Suicide, Homicide

Reported by L. C. Leary J. D.  
Address Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

66 66 66 66 -

Interment

Bartonsville

Ms

Miss Cecelia E. Chilton

Town

County

Died at Frederick

MARYLAND

Date 1902 August 19 Y. M. D. Age 5'8

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

None

Husband of W. F. Chilton

Father's Name Judge B. A. Cunningham

Mother's

Maiden Name

Cause of Death Primary Cause of Death Exhaustion

How long sick

About one year

Accident, Suicide, Homicide

Reported by W. G. M. Thomas

Address Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Martina Coats

Died at

Town

County

MARYLAND

Date 19

02

Month

Day

Aug 13

Y.

M.

D.

Age

12

Native of

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Chronic Pneumonia

Death

Immediate

Exhaustion

How long sick

2 weeks

~~Accident, Suicide, Homicide~~

Reported by

J. J. Haywood

Address

17 Second St. N.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Catherine Cöttilius

Town

County

Died at

Emmitsburg

Frederick

MARYLAND

Date 19

02

Month

Day

8 21

Y.

M.

D.

Age

87.2.21

Native of

U.S.

Occupation

Housekeeper

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

Six

~~Husband~~ of

William Cöttilius

Wife

Father's

Name

James Riley

Maiden Name

Mother's

Weir

Cause of

Primary

Tuberculosis

How long sick

4 months

Death

Immediate

Diphtheria

~~Accident, Suicide, Homicide~~

Reported by

John B. Brown M.D.

Address

Emmitsburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*Mary E. Countee*  
 Died at *Bartonville* Town *Frederick* County *MARYLAND*

Date 1902 *8-21* Month *8* Day *21* Y. *21* M. *nd* D. *nd* Native of *N. W.* Occupation *N. W.*

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of *Samuel E. Countee*  
 Wife *Samuel E. Countee*  
 Father's Name *X* *X* Mother's Name *X* *X*

Cause of Death { Primary *Consumption.* How long sick *4 months*  
 { Immediate *Exhaustion.* 27 Accident, Suicide, Homicide

Reported by *W. A. Long*  
 Address *37 E. Patrick St. City.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

~~Bacon~~

Interment at Bartonville

Aug 22 - 1902

CC Carby

Name in Full

Certificate of Death

*Norman Bruce*

Town

County

MARYLAND

Died at

*Frederick*

Month

Day

Y.

M.

D.

Native of

Occupation

Date

*12 Aug 6*

Age

*- 6 -*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

*Frank*

Mother's

Name

Cause of

Primary

*Enteric Colitis*

How long sick

*12 days*

Death

Immediate

*Asthma*

Accident, Suicide, Homicide

Reported by

*Dr. M. B. Bandy 105*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968





Anne Rebecca

Delawter

Town

County

Died at

Wolfsville

Frederick

MARYLAND

Data 19 02

Month Day  
aug 21Y. M. D.  
Age 75- 8- 11

Native of

md

Occupation

House wife

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

6

Husband of

Wife

Father's

Name

Joshua Delauter

Mother's

Maiden Name

154  
Margaret Goodman

Cause of

Primary

Senility

How long sick

3 weeks

Death

Immediate

and heart failure  
Bronchotrachea~~Accident, Suicide, Homicide~~

Reported by

A. J. Smith, M.D.

Address

Wolfsville,  
md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Col. George Robertson Dennis

Died at <sup>Town</sup> Urbana - <sup>County</sup> Frederick

MARYLAND

Date 1902 <sup>Month</sup> 8 <sup>Day</sup> 23 <sup>Y.</sup> 41 <sup>M.</sup> 5 <sup>D.</sup> 8 <sup>Native of</sup> U.S. <sup>Occupation</sup> Soldier  
 U.S.A. 61-65

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

8

Husband of *Laurey McPherson Dennis*  
 Wife

Father's Name *Lutten Upjohn Dennis* Mother's Maiden Name *Sarah Robertson*

Cause of <sup>Primary</sup> *Bronchitis Chronic* How long sick *1 year*

Death <sup>Immediate</sup> *Hypertension Asthma* Accident, Suicide, Homicide

Reported by *Franklin Buchanan Origel*

Address *City*

91

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Justin Dietrich

Died at

Brown

Brown

MARYLAND

Date 1897 Aug 25 Y. 71 M. D. Germany Occupation Laborer

Male White Married Widow Divorced Female Colored Single Widower Number of children living 9

Husband of Catharine Gorsuch

Father's Name Peter Dietrich

Mother's Name Elisabeth Ross

Cause of Primary Stroke

Death Immediate Lat

How long sick

9 daysAccident, Suicide, Homicide

Reported by

W. S. S. Maynard

Address

17 Second St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 5555

Met Oliver Green  
A. J. P. W. S. S. S.

Name In Full

Certificate of Death

Nathan Borsley.

Town

County

Died at

Liberty

Frederick

MARYLAND

1902,

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902,

Aug 14

Age

73. 4. 14.

Fred Co. Laborer.

Male

~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

5-

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Bright Disease

How long sick

18 months

Death

Immediate

Heart Failure -

20

~~Accident, Suicide, Homicide~~

Reported by

J. Thomas Smith

Address

Liberty town Maryland -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Lela May Eyles

Town

County

Died at

1902

Date

~~Male~~

Female

Husband  
of

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Leflore

Month Day  
Aug 28

Age

Married

Single

Y.

M.

D.

0-5-22

Native of

Md.

Occupation

✓

White

~~Colored~~

Widow

Widower

~~Divorced~~

Number of children living

MARYLAND

Cornelius

Eyles

Mother's

Name

Annie B. Miller

Primary Cholera Infantum &amp; Thrush

Immediate General Asthenia

105

How long sick

7 days -

Accident, Suicide, Homicide

C. A. Stultz M.D.

Woodshore

Md.

LIBRARY BUREAU. 66968



Name in Full

Certificate of Death

Rebecca Tall

Town

County

Died at

Emmitsburg Frederick

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

8-12

Age

59-5-26

Md

House Wife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

52 yrs

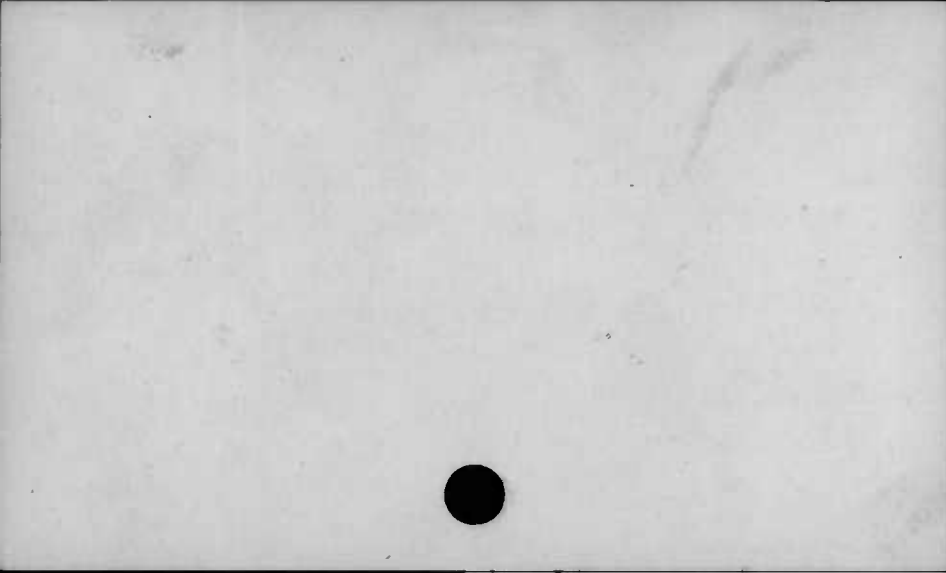
~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79892



Harmon Feaster

Town

County

Died at

Jefferson

Frederick

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Aug

4

Age

64

9

7

Maryland

Farmer

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

of

Emma

Shoff

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Interstitial Nephritis

How long sick

5 months +

Death

Immediate

Uraemic Poisoning

~~Accident, Suicide, Homicide~~

Reported by

C. W. R. Conn, M.D.

120

Address

Jefferson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Harriet D. Grushon

Town

County

Died at

Greensboro

Frederick

MARYLAND

Date 189

Month Day

Y.

M.

D.

Native of

Occupation

02 Aug 25

Age 64 1 27

Maryland Domestic

Male

White

~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

William Grushon

Mother's

Name

Margaret Blunt

Cause of

Primary

Hepatic Congestion

How long sick

9 days

Death

Immediate

Paralysis of Heart

Accident, Suicide, Homicide

Reported by

J. D. S. Young

Address

Greensboro

Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72808





Miss Ada M. Hafer.

Died at <sup>Town</sup> Frederick City <sup>County</sup> \_\_\_\_\_ MARYLAND

Date 1902 <sup>Month</sup> 8. <sup>Day</sup> 29 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> U.S. <sup>Occupation</sup> \_\_\_\_\_

~~Male~~ <sup>White</sup> ~~Married~~ <sup>Widow</sup> ~~Divorced~~  
 Female ~~Colored~~ <sup>Single</sup> ~~Widower~~ <sup>Number of children living</sup> \_\_\_\_\_

Husband of

Father's Name <sup>79</sup> Samuel Hafer <sup>Mother's</sup> Catherine Grose.  
 Maiden Name

Cause of <sup>Primary</sup> <sup>How long sick</sup> 1 year -  
 Death <sup>Immediate</sup> Traumatic Convulsion <sup>Accident, Suicide, Homicide</sup>

Reported by Franklin Buchanan Smith

Address Frederick City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Richard Harne

Town

County

Died at

Wolfsville

Frederick

MARYLAND

Date 19 02

Month Day

Aug. 31

Y.

M.

D.

Age

1-4-19

Native of

Md

Occupation

Infant

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Eideon Harne

Mother's

Maiden Name

Alta Redmon

Cause of

Primary

Whooping Cough

How long sick

4 weeks

Death

Immediate

Intestinal Catarrh

~~Accident, Suicide, Homicide~~

Reported by

A. J. Smith, M.D.

Address

Wolfsville

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at		Town <i>Brunswick</i>		County <i>Freshwick</i>		MARYLAND	
Date 19		02	Month <i>Aug</i>	Day <i>5</i>	Age <i>19</i>	Native of <i>md</i>	Occupation <i>Infant</i>
Male		<del>Female</del>		White	<del>Colored</del>	Married	<del>Single</del>
Husband of		—		Widower		Number of children living	
Wife		—		105		—	
Father's Name		<i>R. W. Hawkins</i>		Mother's Maiden Name		<i>Emma V. Hawkins</i>	
Cause of		Primary <i>Cholera infantum</i>				How long sick <i>3 days</i>	
Death		Immediate <i>Cumulant</i>				<del>Accident, Suicide, Homicide</del>	
Reported by		<i>H. S. Heaps M.D.</i>					
Address		<i>Brunswick md</i>					
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.							

AUG 5 1002



Name in Full

Certificate of Death

Died at *Near Brunswick* Town *Brunswick* County *Dredge Co* MARYLAND  
 Date 19 *02* Month *Aug* Day *12* Y. *1* M. *14* D. *14* Native of *Ind* Occupation *—*  
 Male ☒ White ☒ Married ☒ Widowed ☒ Single ☒ Number of children living *—*

Husband of  
Wife

Father's Name *Robt. Heisman* Mother's Maiden Name *Samie Hambro*

Cause of Death { Primary *Cholera Infusion* Immediate *Conbo Cerebration* How long sick *1 week*  
~~Acute, severe, Hemorrhage~~

Reported by *D. West.*

Address *Brunswick Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1





Name In Full

Certificate of Death

Died at *John Hopps*  
 Town *Emmitsburg* County *Ford*  
 Date 1902 *August 7* Y. M. D. Native of *Ind* Occupation  
 Male *White* Married *Widow* Divorced  
 Female *Colored* Single *Widower* Number of children living

Husband  
of  
Wife

Father's Name *Henry A. Hopp* Mother's Maiden Name *Leathem Buckhart*  
 Cause of Death { Primary *Cholera infantum* Immediate *Meningitis* } How long sick *5 days*  
 105  
 Accident, Suicide, Homicide

Reported by *Robert L. Assam M.D.*  
 Address *Emmitsburg Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Honer William

Died at *Frederick* Town *Frederick Co* County

MARYLAND

Date *1902-8-5* Month *8* Day *5* Y. *0* M. *9* D. *0* Native of Occupation

Male White ~~Mixed~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of

Wife

Father's Name *Chas Honer*Mother's Name *Rigie Brownell*Cause of Primary *Enterocolitis*Death Immediate *Asthenia*

How long sick *dont know. in my care about 18 hours*  
*105*  
~~Accident, Suicide, Homicide~~

Reported by *H. P. Fahrney*Address *Frederick* *MD*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_  
of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_  
of \_\_\_\_\_

Information contained in this certificate  
received from \_\_\_\_\_  
of \_\_\_\_\_

Name in Full

Certificate of Death

Beulah Humrick

Town

County

Died at

Patootin Furnace Frederick

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 21

Age

10

7

Md.

~~Male~~

White

~~Married~~~~Widow~~

Divorced

Female

Colored

Single

~~Widow~~

Number of children living

Husband

of

Wife

Fether's

Name

Mother's

Maiden Name

Henry Humrick

Barrie Egle

Cause of

Primary

Cholera Infantum about 2 weeks

Death

Immediate

Congestion of brain

How long sick

Accident, Suicide, Homicide

Reported by

J. D. &amp; Young M. D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUPEAU, 79898



Name In Full

Certificate of Death

Sarah

Kearney

Town

County

Died at

Woodsboro

Tenderfoot

MARYLAND

Date 1902 Aug 23 | Month Aug | Day 23 | Y. 1902 | M. 8 | D. 23 | Native of Md | Occupation

~~Male~~ White | Married | ~~Widow~~ | ~~Divorced~~ |

Female yes | Colored ~~no~~ | Single | Widower | Number of children living Two

Husband

of John W. Kearney

Wife

Father's

Name

Jacob Beard

Mother's

Maiden Name

Beard.

Cause of

Primary

Fatty Degeneration

How long sick

about 1 year

Death

Immediate

of the Heart.

Accident, Suicide, Homicide

Reported by

Dr. R. L. Hammond

Address

Woodsboro

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70002





Name In Full

Certificate of Death

Sarah Ellen Kern

Died at Brunswick Town Frederick County MARYLAND

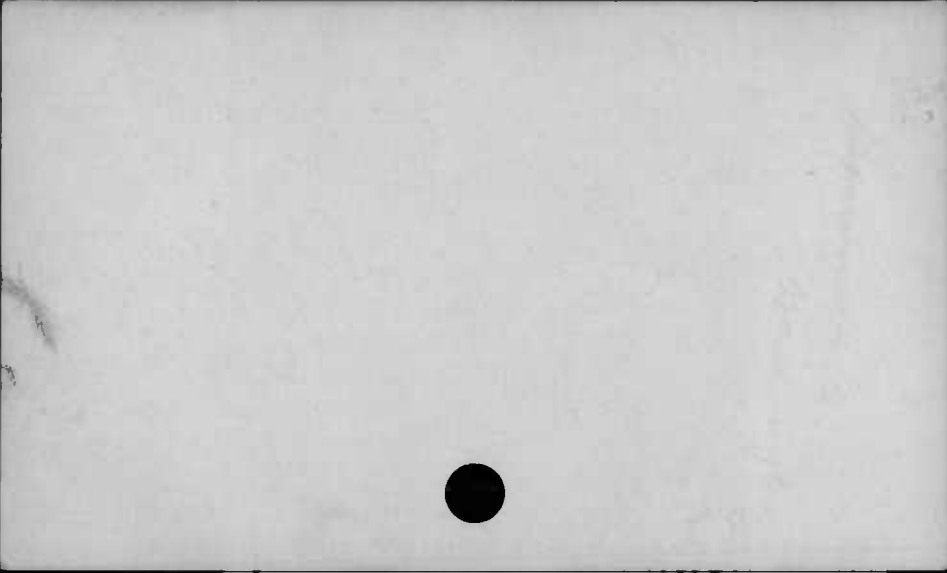
Date 19 12 Aug 31 | Age 39 - | Y. M. D. | Native of Ind | Occupation House wife  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living four

Husband of J. V. Kern  
 Wife  
 Father's Name Christine Kartzel Mother's Maiden Name Catherine Boray

Cause of Death { Primary Consumption | How long sick 6 mos  
 Immediate Exhaustion | 27 | Accident, Suicide, Homicide

Reported by Lavin Fresh  
 Address Brunswick Frederick Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Kern

Town

Brunswick

County

Frederick

MARYLAND

Died at

Date 1902

Month

Day

Aug 16

Age

Y.

M.

D.

69

Native of

Md

Occupation

House work

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

~~Wife~~

Father's Name

Michael Kern

Mother's

Maiden Name

Mary 62

Cause of

Primary

Locomotor Ataxia

Death

Immediate

Exhaustion

How long sick

3 yrs

Accident, Suicide, Homicide

Reported by

Lavin Trust

Address

Brunswick

Frederick Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

AUG 16 1902

9 PM

Sarah Earl Lehman

Died at <sup>Town</sup> Thurmont <sup>County</sup> Frederick MARYLAND

Date 19 62 <sup>Month</sup> Aug <sup>Day</sup> 12 <sup>Y.</sup> 19 <sup>M.</sup> 62 <sup>D.</sup> 12 <sup>Native of</sup> Philadelphia <sup>Occupation</sup>

Male White <sup>Married</sup> yes <sup>Widow</sup> Divorced

Female yes <sup>Colored</sup> Single <sup>Widower</sup> Number of children living 3

Husband of Charles Lehman Jr

Wife Charles Lehman Jr

Father's Name Jos Healy <sup>Mother's</sup> Rachel Healy

<sup>Maiden Name</sup> Rachel Little

Cause of Death { <sup>Primary</sup> Heart Failure <sup>How long sick</sup> 19

<sup>Immediate</sup> Cardiac Arrest <sup>Accident, Suicide, Homicide</sup>

Reported by Frank O. Miller M.D.

Address Bay View Bldg Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 19

Male

~~Female~~

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John David Lizar

Town

County

Woolsville

Frederick

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 19

Age 43

-1-7

md

Laborer

White

Married

~~Widow~~~~Divorced~~~~Colored~~~~Single~~~~Widower~~

Number of children living

7

of

Clara V. Gaver

95

Father's Name

Solomon Lizar

Maiden Name

Nancy Rubin

Primary

Immediate

Jaundice  
Pulmonary Oedema

How long sick

10 days

~~Accident, Suicide, Homicide~~

A. J. Smith, M.D.

Woolsville, Md.





Name In Full

Certificate of Death

Caroline Long

Town

County

MARYLAND

Died at

Lewistown

Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

8

14

Age

55

10

2

Md.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Mary A. Gerr

Father's

Name

Wm. Long

Mother's

Maiden Name

Sarah Leatherman

Cause of

Primary

How long sick

Death

Immediate

Anti-Goutic

Accident, Suicide, Homicide

Reported by

E. S. Neigher

Address

Lewistown Md.

104

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Infant not named

Died at <sup>Town</sup> Brunswick <sup>County</sup> Fredereck MARYLAND

Date 19 02 <sup>Month</sup> Aug. <sup>Day</sup> 25 <sup>Y.</sup> — <sup>M.</sup> — <sup>D.</sup> 4 <sup>Native of</sup> md <sup>Occupation</sup> —

<sup>Male</sup> Male <sup>White</sup> White <sup>Married</sup> Married <sup>Widow</sup> Widow <sup>Divorced</sup> Divorced

<sup>Female</sup> Female <sup>Colored</sup> Colored <sup>Single</sup> Single <sup>Widower</sup> Widower <sup>Number of children living</sup> Number of children living

Husband of

Wife

Father's Name Chas. Louis Long <sup>Mother's Maiden Name</sup> Abbie G. Solomon

Cause of Death { <sup>Primary</sup> infection of kidneys <sup>Immediate</sup> urine <sup>How long sick</sup> 4 days <sup>Accident, Suicide, Homicide</sup> Accident, Suicide, Homicide

Reported by

Address

Lewis West  
Brunswick Fredereck Co.

AUG 25 1902

8 30 Pm

Name In Full

Certificate of Death

Sarah Catharine Lorentz

Died at <sup>Town</sup> Middletown <sup>County</sup> Frederick MARYLAND

Date 1902 Aug 22 Age 85 Y. M. D. Native of Ind Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Single~~ ~~Female~~ Colored ~~Widower~~ Number of children living

Wife of George Lorentz

Father's Name Perry Herbert Mother's Name Mary Liniger

Cause of Death Primary General debility of age How long sick about 2 yrs

Immediate Heart Failure ~~Accident, Suicide, Homicide~~

Reported by E L Beckley M.D. 154

Address Middletown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

H C Fute  
Undertaken

---

Thos. M. Marshall

Town

County

MARYLAND

Died at

Morton

Calvert

Date

1902

Month

8

Day

9

Y.

84

M.

3

D.

11

Native of

Morton

Occupation

Retired

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Samuel Marshall

Mother's

Name

Amelia Schley

Cause of

Primary

Old age

How long sick

3 weeks

Death

Immediate

Exhaustion

154

Accident, Suicide, Homicide

Reported by

J. J. Maynard

Address

17 Second St. N.W.





Name in Full

Certificate of Death

Rebecca E. Marker

Town

County

MARYLAND

Died at

Pleasant Hills

Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Aug. 27

Age

8-2-20

Md.

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

105

Wife

Father's

Name

George Marker

Mother's

Maiden Name

Anna V. Echard

Cause of

Primary

How long sick

2 weeks

Death

Immediate

Cholera Infantum

~~Accident, Suicide, Homicide~~

Reported by

Ralph O. Sawney

Address

Myersville

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70003



Name in Full

Certificate of Death

Erastus Martin  
 Died at Catoctin Furnace Frederick MARYLAND  
 Date 1922 Aug 20 | Age 84 | Penna | Retired  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living 10

Husband  
 of  
 Wife

Father's Name Daniel Martin Mother's Name Elizabeth Livis

Cause of Death { Primary Atony of Stomach | How long sick About 3 months  
 Immediate General Asthenia 154 | Accident, Suicide, Homicide

Reported by J. D. S. Young M.D.

Address Fredericktown Frederick Co.

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.



May Ann Rebecca Maught

Town

County

MARYLAND

Died at

Jefferson

Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1901

May

3

Age

79

6

23

Maught

~~Male~~

White

Married

Widow

~~Single~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living /

Husband

of

Wife

Andrew Maught

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Hydronephrosis (Nephros of tosis)

Death

Immediate

Dysentery - Paraphasia -

How long sick

4 months

~~Accident, Suicide, Homicide~~

Reported by

C. R. Crane

121

Address

Jefferson -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Rebecca Meisinger

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

Aug 9

Age

70

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband  
of  
WifeFather's  
Name

Mother's

Maiden Name

Cause of

Primary

Disease of Heart - Infarction

How long sick

3 Mos

Death

Immediate

Asphyxiation

Accident, Suicide, Homicide

Reported by

J. S. W. 79

Address

17 Second St. N.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Alice I Miller

Died at

Catoctin Furnace Verab

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 11

Age 26

11 12

Co

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

29

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name *Full*

Certificate of Death

*Benjamin Murphy*  
 Town *Batholow* County *Fredrick*

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

8

11

Age

67

2

28

Maryland

Farmer

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

5

Husband

of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

3 yrs.

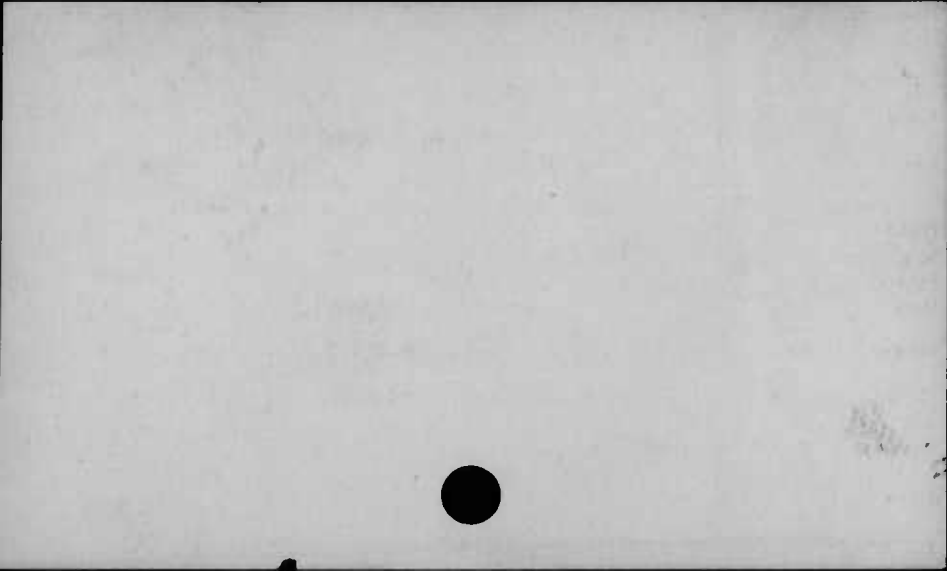
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Mary E. Poffinberger

Town

County

MARYLAND

Died at

Myersville

Tred

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

Aug. 29

Age

49 10 21

Mdr

Housekeeper

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband  
of~~Wife~~

Father's

Name

Aaron Poffinberger

Mother's

Maiden Name

Caroline Matney

Cause of

Primary

How long sick

1 day

Death

Immediate

Apoplexy

but

~~Accident, Suicide, Homicide~~

Reported by

Ralph Browning

Address

Myersville

Tred

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Howard Radcliffe

Died at

Town

County

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902

Aug. 7

Age

- - 15

Md

Infant-

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widows

Number of children living

~~Husband~~~~Wife~~

Father's

Name

Chas Weller

Mother's

Name

Londelia Radcliff

Cause of

Primary

Intestinal trouble

How long sick

From Birth

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Address

Thos. Dinn M. V.  
Libertytown Md

105

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Arthur Marsh Riffle

Died at *Emmitsburg* Town *Fredrick* County *MARYLAND*

Date 19 *02* Month *Aug* Day *17* Age *9.28* Y. M. D. Native of *Maryland* Occupation *At-the-bright*

Male ☒ White ☒ Married ☒ Widower ☒ ~~Divorced~~

Female ☒ Colored ☒ Single ☒ ~~Widower~~ Number of children living *0*

Husband of

Wife of

Father's Name *Cochran Joseph Riffle* Mother's Maiden Name *Mary Laura Bishop*

Cause of Death { Primary Immediate *Acute Meningitis* *61* How long sick *3 1/2 hours* Accident, Suicide, Homicide

Reported by *Michalby M. J.*

Address *Emmitsburg Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Ida Thomas Roberts

Town

County

Frederick

Frederick

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 20

Age

27

-

-

-

Md

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living 0

~~Husband~~ of

Wife

Frank Roberts

Father's

Name

Frank Thomas

Mother's

Maiden Name

Annie Speaks

Cause of

Primary

Tuberculosis Pulmonum

How long sick

several months

Death

Immediate

exhaustion 2

~~Accident, Suicide, Homicide~~

Reported by

Dr. Wm. Crawford Johnson

Address

Frederick, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name in Full

Certificate of Death

Ellis Robertson

Town

County

Died at

Fredrick

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 18

1902 Aug 3

Age

8

Male

~~Female~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Acute myocardial infarction

Death

Immediate

Chronic

How long sick

5 days

Accident, Suicide, Homicide

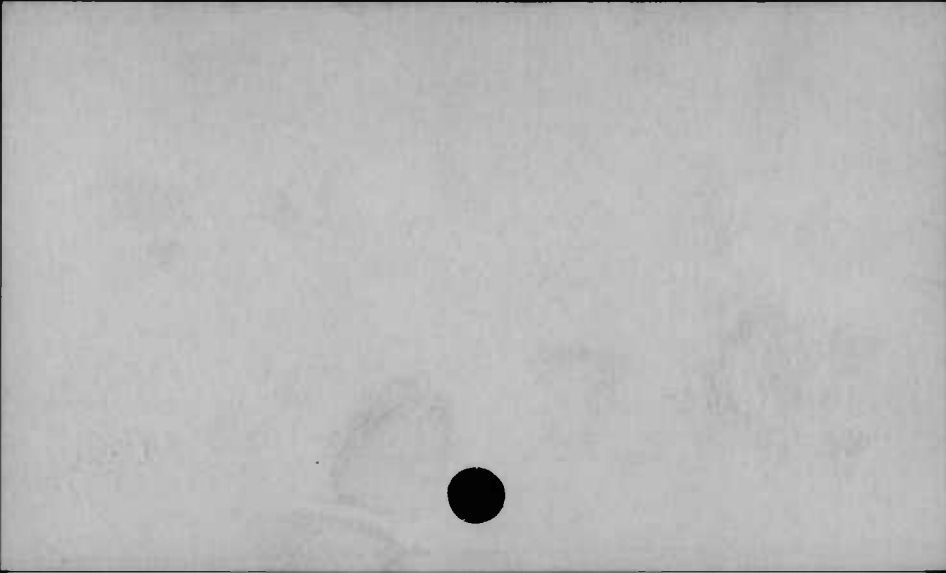
Reported by

Dr. W. H. Mundy

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968





Robert T. Rollins

## CERTIFICATE OF DEATH

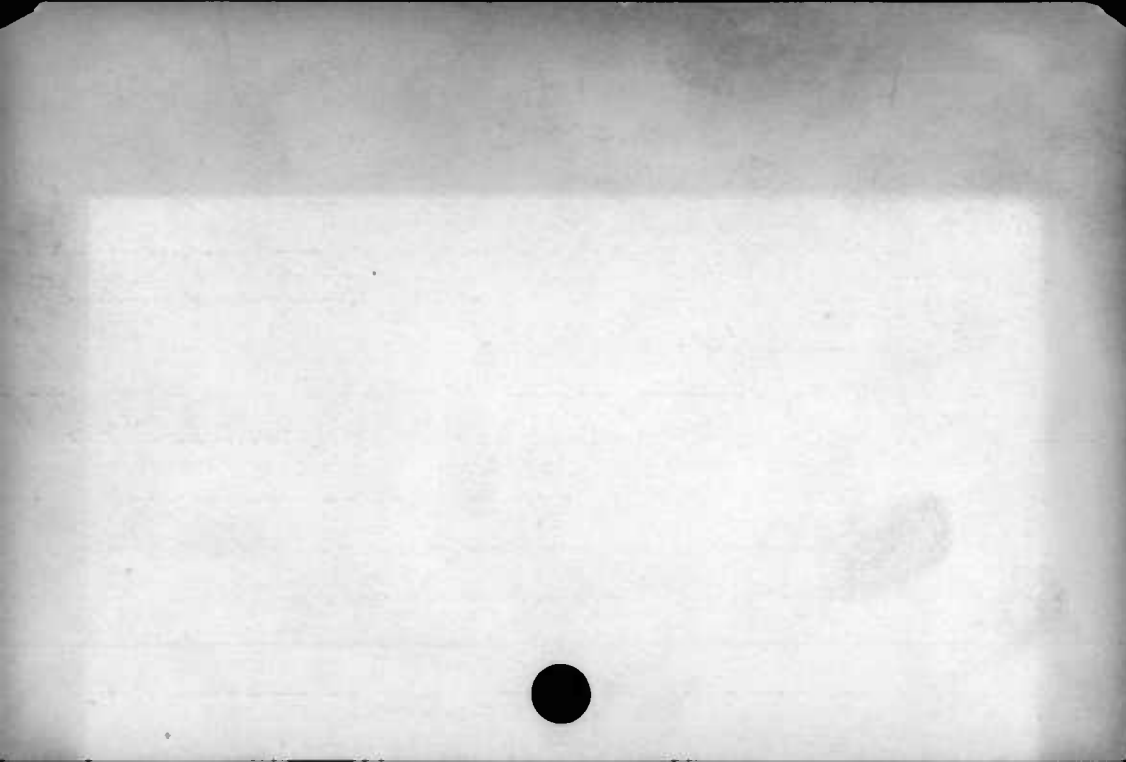
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death 1902	Month <i>Aug.</i>	Day <i>1</i>	Age <i>1</i>	Years <i>6</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Frederick</i>			
Married, Single or Widowed <i>Child</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm Rollins</i>			Father's Birthplace <i>Med</i>		
Mother's Maiden Name <i>Harriet Palm</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Harriet Palm</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Scalds</i>	How long	<i>1 day</i>
Immediate	<i>Shock - Collapse</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>B. H. Hoke, M.D.</i>	
		Address <i>Frederick Md.</i>	
Accident or Suicide? <i>accident</i>			



*Maud Viola Slifer.*

Town

County

Died at *Brad Run* *Anne Arundel* State *MARYLAND*

Date 19*02* Month *Aug* Day *9* Y. *8* M. *4* D. *Wed* Native of *—* Occupation *—*

~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female *Colored* Single *Widower* Number of children living *—*

Husband  
of  
Wife

Father's Name *Maurice Slifer* Mother's Maiden Name *Viola Rice*

Cause of Death { Primary *Cholera Infantum.* Immediate *Convulsions.* How long sick *about 4 days.* Accident, Suicide, Homicide

Reported by *C. M. Schiltz*

Address *Burkittsville Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Name In Full *Charles Mallwood*  
 Died at *Indians* <sup>Town</sup> *Indians* <sup>County</sup> *Indians* <sup>MARYLAND</sup>  
 Date *1902* <sup>Month</sup> *Aug* <sup>Day</sup> *13* <sup>Y.</sup> *92* <sup>M.</sup> *4* <sup>D.</sup> *Indians* <sup>Native of</sup> *Indians* <sup>Occupation</sup> *Teacher*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Number of children living *Two*  
 Husband of *Wm. C. Mallwood* <sup>34</sup>  
 Father's Name *Wm. C. Mallwood* <sup>34</sup> Mother's Name *Rosanna Polan*  
 Causa of Death { Primary *Carcinoma of Lung* Immediate *Anaemia* <sup>How long sick</sup> *See month*  
 Reported by *J. B. Johnson M.D.*  
 Address *Indians Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79858



Died at *Levitt* Town *X* County *York* *X* MARYLAND

Date 19 *02* Month *8* Day *23* Y. M. D. Age *inf.* Native of *Pa.* Occupation *1*

Male *White* Married *Widow* Divorced *Single* Number of children living

Husband of  
Wife

Father's Name *E. H. Snodgrass* Mother's Maiden Name *Ruth Myers*

Cause of Death { Primary *Heart failure* How long sick  
Immediate *5* Accident, Suicide, Homicide

Reported by *E. H. Snodgrass*

Address *Adams Station Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Died at

Date 1902

Male

Female

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Single

Widower

Number of children living

MARYLAND

John Edward Snyder

Mt Pleasant

Frederick

8

1

31

3

27

Md

Merchant

Md Merchant

White

Colored

2

May Snyder

Charles E. Snyder

Mother's

Maiden Name

Sarah E. Nordum

Primary

Immediate

Struck

Heart failure

How long sick

7 days.

Accident, Suicide, Homicide

J. N. Leib

Mt. Pleasant Md -



Name in Full

Certificate of Death

Died at

Date 1902

Male

Female

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Wm Henry

Stanley

Town

County

Frederick

Frederick

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Aug

Age

1 + 20

Child

~~White~~~~Married~~~~Widow~~~~Divorced~~

Colored

~~Single~~~~Widower~~

Number of children living

X X

X X

William H. Stanley

Malnutrition

179

3 months

Exhaustion

W. L. Loring

37 E. Patrick

Dr. F. J. Reeves

Md.

LIBRARY BUREAU, 79895

Monteone

8/1904

Name in Full

Certificate of Death

*Peter Tebold*

Died at *Emmitsburg* *Frederick* *MARYLAND*

Date 19 *12* Month *8* Day *28* Y. *84* M. *0* D. *2* Native of *Wis.* Occupation *Carpenter*

Male ☒ White ☒ Married ☒ Widower ☒ Number of children living *4*

Husband of *Mary E. White*

Father's Name *106* Mother's Maiden Name

Cause of Death { Primary *Diphtheria* Immediate *Paralysis of the Brain* How long sick *50 days* Accident, Suicide, Homicide

Reported by *John B. Brunner MD*

Address *Emmitsburg*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

David V. Lorns

Died at <sup>Town</sup> *Farmville* <sup>County</sup> *Frederick* MARYLAND

Date 1902 <sup>Month</sup> *8* - <sup>Day</sup> *21* | Age <sup>Y.</sup> *59* <sup>M.</sup> *4* <sup>D.</sup> *24* | <sup>Native of</sup> *Farmville* | <sup>Occupation</sup> *Farmer*

<sup>Male</sup> ☒ <sup>White</sup> ☒ <sup>Married</sup> ☒ <sup>Widow</sup> ☐ <sup>Divorced</sup> ☐

<sup>Female</sup> ☐ <sup>Colored</sup> ☐ <sup>Single</sup> ☐ <sup>Widower</sup> ☐ <sup>Number of children living</sup> *4*

Husband of *Annanda Lorns*

~~Wife~~ <sup>Father's</sup> *Daniel Lorns* <sup>Mother's</sup> *Mary J. Myers*

Name <sup>Maiden Name</sup> *Mary J. Myers*

Cause of <sup>Primary</sup> *Disease of liver & Gall Bladder* <sup>How long sick</sup> *3 mos.*

Death <sup>Immediate</sup> *Hemorrhage from bowels* <sup>Accident Suicide Homicide</sup> *Accident*

Reported by *C. L. Wachler* *114*

Address *Sabillasville* *Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Manzilla Virginia Warfield

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Aug. 22

Age

56 +

N.C.

House work

~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

~~Husband~~ of

Wife

Father's

Mother's

Name

Thomas Lyles

Maiden Name

120

Cause of

Primary

Brights Disease

How long sick

Some time

Death

Immediate

50 days acutely

Accident, Suicide, Homicide

Reported by

T. Clyde Routson, M.D.

Address

Buckeystown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79894



Name In Full

Certificate of Death

Died at

Date 1902

Male

Husband  
of  
WifeFather's  
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Geo. David Hanner

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Fred. Co

White

~~Married~~~~Widow~~~~Divorced~~~~Colored~~

Single

~~Widower~~

Number of children living

Leslie Hanner

Mother's

Maiden Name

Nettie Hanner.

Primary

How long sick

28 hrs.

Immediate

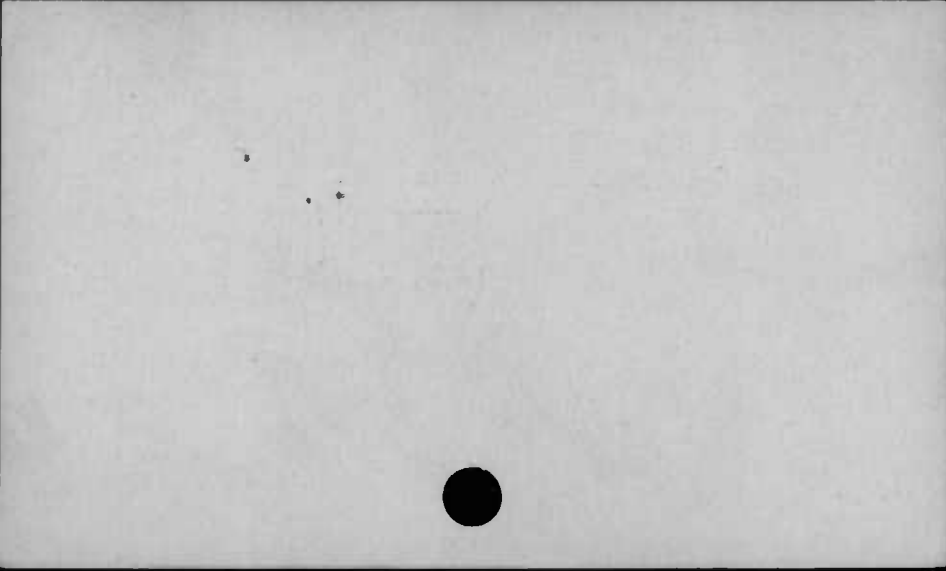
Valvular Heart Trouble,

Accident, Suicide, Homicide

J. H. Kable,

Hoodsboro

Md.



David Fulton Weedon

Town

County

MARYLAND

Died at Lane HillFred -

Month Day

Y. M. D.

Native of

Occupation

Date 19 02Aug - 1Age 1 - 5 - 29MD

Male

WhiteMarriedWidowDivorced

Female

ColoredSingleWidowerNumber of children livingHusband  
of

Wife

Father's

Name

Deceased

Mother's

Maiden Name

Cora Bowens (Weedon)

Cause of

Primary

Pertussis

How long sick

Death

Immediate

MeningitisAccident, Suicide, Homicide

Reported by

T. Clyde RansomMD -

Address

Buckley, ConnMD -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Interment at St Joseph's

" Aug 23

A. J. Rice & Son's

---

Name In Full

Certificate of Death

Robert Milton Whitton

Town

County

Fred.

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Aug. 26

Age

26 1/2 - 1 mo

MD

Labourer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primery

Typhoid Fever

How long sick

3 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

T. Clyde Hartman M. D.

Address

Buckystown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name In Full

Certificate of Death

*Michael A. Young*

Town

County

Died at

*Frederick**Frederick*

MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1902 Aug 9 Age 26.16 *Frederick*

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

*Charles Young*

Mother's

Maiden Name

*Alie Senel*

Cause of

Primary

*Dysentery*

How long sick

*a week*

Death

Immediate

*Exhaustion**14*~~Accident, Suicide, Homicide~~

Reported by

*L. A. M. M.D.*

Address

*17 E 2nd St.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

